

PHYSICIAN'S STATEMENT

(Please type or print)

Texas Transportation Code §521.125 allows the Texas Department of Public Safety to include on an individual's driver license or identification card any health condition that may impede the individual's communication with a peace officer. The health condition must be evidenced by this signed statement from a licensed physician. Medical information provided under this program is not protected and is subject to release under the Public Information Act. By providing this information, the health condition as stated on this form will be printed on the reverse side of the driver license or identification card.

Patient's Full Name: _____

Patient's Date of Birth: ____ / ____ / ____

Patient's DL/ID#: _____

Physician: _____

Physician's Address: _____

Physician's Office Telephone No.: _____

Medical License No.: _____ State: _____

Health Condition: _____

Patient's Signature: _____

Date: ____ / ____ / ____

Physician's Signature: _____

Date: ____ / ____ / ____